

POLITICAL COMMITTEE

CITY/TOWN OF Maricopa
CAMPAIGN FINANCE REPORT
2010 March/May Regular Election

FOR OFFICE USE ONLY



1. The Committee to Elect Bridger Kimball
Full Name of Committee
42543 W Avella Dr
Address
Maricopa AZ 85138 Pinal 480-694-1384
City ZIP Code County Phone

2. _____
Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

E-Mail Address Fax #

3A. ID#

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- ☒ January 31 Report - For Period of 8-13-09 thru December 31, 2009 January 1, 2010 and January 31, 2010
- ☐ Pre-Primary Election Report - For Period of January 1, 2010 thru February 17, 2010 February 18, 2010 and February 25, 2010
- ☐ Post-Primary Election Report - For Period of February 18, 2010 thru March 29, 2010 March 30, 2010 thru April 8, 2010
- ☐ Pre-General Election Report - For Period of March 30, 2010 thru April 28, 2010 April 29, 2010 thru May 6, 2010
- ☐ Post-General Election Report - For Period of April 29, 2010 thru June 7, 2010 June 8, 2010 and June 17, 2010
- ☐ ** January 31 Report - For Period of June 8, 2010 thru December 31, 2011 January 1, 2012 and January 31, 2012

5. SUMMARY

	Column A Total This Reporting Period	Column B Election Period Total To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		<u>0</u>
5b Cash on Hand at the Beginning of this Reporting Period	<u>100.00</u>	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	<u>2680.02</u>	<u>2680.00</u>
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	<u>2780.02</u>	<u>2680.00</u>
6a Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		<u>0</u>
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	<u>2319.02</u>	<u>2319.02</u>
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	<u>461.00</u>	<u>461.00</u>

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Page 2

1. Committee Name: The Committee To Elect Bridger Kimball

2. ID#

3. Report covering period from 9-30 Thru 12-31-09

0103 3 5 MAU

RECEIPTS

4. Contributions other than loans and in-kind:

(a) Individuals - more than \$25 (Total from Schedule A)

(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)

(c) Political Committees (Total from Schedule B)

(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]

(e) Refund of contributions (Total from Schedule F-2)

(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]

5. (a) Loans made or guaranteed by candidate (Total from Schedule C)

(b) All other loans (Total from Schedule C-1)

(c) Total Loans [add 5(a) and 5(b)]

6. In-kind contributions (Total from Schedule E)

7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)

8. Total Receipts [add 4(f), 5(c), 6, and 7]

QUALIFYING CONTRIBUTION RECEIPTS

Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)

10. Independent Expenditures (Total from Schedule D-1)

11. Value of In-kind expenditures (Total from Schedule E)

12. Loans made by reporting committee (Total from Schedule D-2)

13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)

(b) Repayment of all other loans (Total from Schedule D-5)

(c) Total Loan Repayments [add 13(a) and 13(b)]

14. Transfers to other political committees (Total from Schedule D-6)

15. Any other disbursement (Total from Schedule D-7)

16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]

17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)

18. Total disbursements [subtract line 17 from line 16]

19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

COLUMN A
THIS PERIOD

COLUMN B
CAMPAIGN TO DATE

2690⁰⁰

2690⁰⁰

50⁰⁰

2740⁰⁰

0⁰⁰

0⁰⁰

2740⁰⁰

2740⁰⁰

0⁰⁰

0⁰⁰

2740⁰⁰

2740⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

60⁰⁰

60⁰⁰

.02

.02

2680.02

2680.02

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

2249⁰²

2249⁰²

0⁰⁰

0⁰⁰

60⁰⁰

60⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

0⁰⁰

10⁰⁰

10⁰⁰

2319⁰²

2319⁰²

0⁰⁰

0⁰⁰

2319⁰²

2319⁰²

0⁰⁰

0⁰⁰

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Matthew Shusta

Type or Print Name of Treasurer

[Signature]

1-24-10

Signature of Treasurer or Candidate or Designating Individual

Date

overdraft
Feb 9/30/09

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name The Committee To Elect Bridger Kimball
8-13-09 To City Council thru 12-31

2. ID #

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	<div>LAST FIRST MI</div> <div>Norris Gerald L</div> <div>STREET ADDRESS</div> <div>46176 W Sky Ln</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85239</div> <div>OCCUPATION EMPLOYER</div> <div>Self Employed Head Hunter</div>	9/26/09	50 ⁰⁰	50 ⁰⁰
b.	<div>LAST FIRST MI</div> <div>Hahn Sharon A</div> <div>STREET ADDRESS</div> <div>43794 W Aslew Dr.</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85138</div> <div>OCCUPATION EMPLOYER</div> <div>Maintenance Clerk / Volia Trans</div>	9/26/09	25 ⁰⁰	75 ⁰⁰
c.	<div>LAST FIRST MI</div> <div>Julie Mangione</div> <div>STREET ADDRESS</div> <div>44043 W Caven</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85238</div> <div>OCCUPATION EMPLOYER</div> <div>Self Employed Cleaner</div>	9/26/09	150 ⁰⁰	225 ⁰⁰
d.	<div>LAST FIRST MI</div> <div>Hahn Stacy L</div> <div>STREET ADDRESS</div> <div>14933 Newman</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85138</div> <div>OCCUPATION EMPLOYER</div> <div>Native Navaho</div>	9/26/09	40 ⁰⁰	265 ⁰⁰
e.	<div>LAST FIRST MI</div> <div>Hickman Ricky L</div> <div>STREET ADDRESS</div> <div>45961 W Kristina Wy</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85239</div> <div>OCCUPATION EMPLOYER</div> <div>Foreman Amwall</div>	9/26/09	100 ⁰⁰	365 ⁰⁰
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name The committee to Elect Bridger Kimball for

3. Report covering period from 8-13-09 thru 12-31-09

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	<div>LAST FIRST MI</div> <div>VEHAW DUANE H JR</div> <div>STREET ADDRESS</div> <div>19008 N. SMITH DR 8</div> <div>CITY STATE ZIP</div> <div>MARIPOA AZ 85239</div> <div>OCCUPATION EMPLOYER</div> <div>Chemical Manager KINCHEM INC</div>	9/24/09	50-	415
b.	<div>LAST FIRST MI</div> <div>Wilson Timothy R</div> <div>STREET ADDRESS</div> <div>45098 W. YUCCA LN</div> <div>CITY STATE ZIP</div> <div>MARICOPA AZ 85139</div> <div>OCCUPATION EMPLOYER</div> <div>Eng. Starwood</div>	9/26/09	CK# 1029 400.00	815
c.	<div>LAST FIRST MI</div> <div>Wilson JARRETT R.</div> <div>STREET ADDRESS</div> <div>45098 W. YUCCA LN</div> <div>CITY STATE ZIP</div> <div>MARICOPA AZ 85139</div> <div>OCCUPATION EMPLOYER</div> <div>Student</div>	9/26/09	CA# 029 400.00	1215
d.	<div>LAST FIRST MI</div> <div>Wilson Brandon J</div> <div>STREET ADDRESS</div> <div>635 Mary Lynn Ave</div> <div>CITY STATE ZIP</div> <div>Mesa AZ 85204</div> <div>OCCUPATION EMPLOYER</div> <div>Server Starwood</div>	9/26/09	400.00 CK# 1029	1615
e.	<div>LAST FIRST MI</div> <div>Johnson Eugene C</div> <div>STREET ADDRESS</div> <div>41283 W Granada Dr</div> <div>CITY STATE ZIP</div> <div>MariCopa AZ 85138</div> <div>OCCUPATION EMPLOYER</div> <div>Dealer Finance Mgr Hyundai Motor Fin</div>	9/26/09	\$100.00 CK# 685	1715
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name The committee to Elect Bridget Kimball to

2. ID #

3. Report covering period from 8-13-09 city Council thru 12-31-09

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	<div>LAST FIRST MI</div> <div>WEISS Rita J</div> <div>STREET ADDRESS</div> <div>43888 West Stone Creek Rd</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85139</div> <div>OCCUPATION EMPLOYER</div> <div>owner Desert Canyon prop</div>	9/26/09	100.00	1815.00
b.	<div>LAST FIRST MI</div> <div>McKay Christopher A</div> <div>STREET ADDRESS</div> <div>47514 W Sanland Dr.</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85138</div> <div>OCCUPATION EMPLOYER</div> <div>Conference Officer Superior Court</div>	9/26/09	50.00	1865.00
c.	<div>LAST FIRST MI</div> <div>Murray Douglas P</div> <div>STREET ADDRESS</div> <div>21618 N. Greenway</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85138</div> <div>OCCUPATION EMPLOYER</div> <div>MANAGER Target</div>	9/26/09	100.00	1965.00
d.	<div>LAST FIRST MI</div> <div>MARGAI JONATHAN T</div> <div>STREET ADDRESS</div> <div>4044 W. NOVA LN</div> <div>CITY STATE ZIP</div> <div>MARICOPA AZ 85138</div> <div>OCCUPATION EMPLOYER</div> <div>BANK MANAGER BOFA</div>	9/26/09	25.00	1990.00
e.	<div>LAST FIRST MI</div> <div>MULLINS JOHN F</div> <div>STREET ADDRESS</div> <div>45553 W Ranch Road</div> <div>CITY STATE ZIP</div> <div>Maricopa AZ 85139</div> <div>OCCUPATION EMPLOYER</div> <div>Retired</div>	9/26	100.00	2090.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name The Committee To Elect Bridger Kimball to City Council
 3. Report covering period from 8-13-09 thru 12-31-09

2. ID #

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	<div>LAST <u>Slower</u> FIRST <u>Michael</u> MI <u>T</u></div> <div>STREET ADDRESS <u>42587 W Hillman Dr</u></div> <div>CITY <u>Maricopa</u> STATE <u>AZ</u> ZIP <u>85238</u></div> <div>OCCUPATION <u>Retired</u> EMPLOYER <u>N/A</u></div>	<u>9/26/09</u>	<u>50⁰⁰</u>	<u>2140⁰⁰</u>
b.	<div>LAST <u>Midyett</u> FIRST <u>Judith</u> MI <u>M</u></div> <div>STREET ADDRESS <u>PO Box 735</u></div> <div>CITY <u>Tonto Basin</u> STATE <u>AZ</u> ZIP <u>85553</u></div> <div>OCCUPATION <u>Maintenance</u> EMPLOYER <u>Self</u></div>	<u>11/6/09</u>	<u>200⁰⁰</u>	<u>2340⁰⁰</u>
c.	<div>LAST <u>Kimball</u> FIRST <u>Bridger</u> MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION <u>GM</u> EMPLOYER <u>Caswell's Gun Shop</u></div>	<u>12/9/09</u>	<u>300⁰⁰</u>	<u>2640⁰⁰</u>
d.	<div>LAST <u>Kimball</u> FIRST <u>Bridger</u> MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION <u>GM</u> EMPLOYER <u>Caswell's Gun Shop</u></div>	<u>8/13/09</u>	<u>100⁰⁰</u>	<u>2740⁰⁰</u> open acct
e.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A)			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			
4a.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
b.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
c.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
d.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
e.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

Page ___ of ___

SCHEDULE A-1

2. ID #

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	

*If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name

N/A

2. ID #

3. Report covering period from thru

4	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4a	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
b.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
c.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
i.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B <i>[If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]</i>			

CANDIDATE LOANS

SCHEDULE C

1.	Committee Name		2. ID #	
3.	Report covering period from _____ thru _____			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE		DATE RECEIVED	AMOUNT RECEIVED
	NAME AND ADDRESS FROM WHOM RECEIVED			CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

OTHER LOANS

SCHEDULE C1

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
ALL OTHER LOANS				
NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.				
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(a), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name

The Committee To Elect Bridger Kimball

2. ID #

3. Report covering period from

8-30-09

thru

12-31-09

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP Go Daddy.com Done online purchase see receipt	8/30/09	10.87
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED online domain name set up charge website		
b.	NAME, ADDRESS, CITY, STATE AND ZIP Crystal Tech 1125 W PINNACLE Peak Rd #103 Phoenix AZ 85027	9-30-09	23.85
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED website monthly fee		
c.	NAME, ADDRESS, CITY, STATE AND ZIP The Silver Spur Grill Duke Golf Course Maricopa AZ	10-6-09	500.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Room Rental Fee Campaign Kick off		
d.	NAME, ADDRESS, CITY, STATE AND ZIP FOR Maricopa LLC PO Box 723 Maricopa AZ 85239	9/21/09	750.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Food Bank Fundraising event		
e.	NAME, ADDRESS, CITY, STATE AND ZIP Crystal Tech 1125 W PINNACLE Peak Rd #103 Phoenix AZ 85027	12/02/09	7.95
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED website Monthly Fee		
f.	NAME, ADDRESS, CITY, STATE AND ZIP 85239.com, LLC PO Box 1018 Maricopa AZ 85239	12/1/09	333.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Advertising on 85239.com		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A)		

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name

The committee to Elect Braden Kinberg

2. ID #

3. Report covering period from

8-30-09

Tocaya Council
thru 12-31-2009

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP Copa Creative Cuisine 4509 W. Ming Flores St. Mesa, CO, AZ 85139	9/30/09	600 ⁰⁰
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED campaign party/food		
b.	NAME, ADDRESS, CITY, STATE AND ZIP Harland claryke 10931 Lacrete Dr. San Antonio, TX 78249	12/15/09	23.35
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED checks		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A)		

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED			
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted • • Opposed • •		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted • • Opposed • •		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted • • Opposed • •		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]		

*SEE A.R.S. § 16-901(14).

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer _____

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE **D-3**

2. ID #

1. Committee Name NA

3. Report covering period from _____ thru _____

REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 <i>[If last page of Schedule D-3, transfer total to Detailed Summary Page Line 17 Column A]</i>			
* Includes return of contributions made by reporting committee			

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name NA

2. ID #

3. Report covering period from _____ thru _____

REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]			

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name MA

2. ID #

3. Report covering period from _____ thru _____

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]			

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]			

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name The committee To Elect Bridger Kimball

2. ID #

3. Report covering period from 9-30-09 thru 12-31-09

4	IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN				
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>Desert Star Gymnastics</u> <u>44301 W Maricopa</u> <u>Maricopa Az 85238</u>	CONTRIBUTION <input checked="" type="checkbox"/> EXPENDITURE <input type="checkbox"/>	<u>10-26-09</u>	<u>60.00</u>
DESCRIPTION				
OCCUPATION	EMPLOYER			
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
DESCRIPTION				
OCCUPATION	EMPLOYER			
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
DESCRIPTION				
OCCUPATION	EMPLOYER			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION <input type="checkbox"/> EXPENDITURE <input type="checkbox"/>		
DESCRIPTION				
OCCUPATION	EMPLOYER			
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A]			
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A]			

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name The Committee To Elect Bridger Kimball
 3. Report covering period from 9-30-09 thru 12-31-09

2. ID #

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS		DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Wells Fargo PO Box 24410 Omaha Nebraska 68124		07 9-30-09	.02
	DESCRIPTION OF RECEIPT Interest to Savings Acct			
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Paypal verify paypal.com		12-7-09	.20
	DESCRIPTION OF RECEIPT bank verification			
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 (If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A)

.22

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

1. Committee Name _____

2. ID # _____

3. Report covering period from _____ thru _____

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]		

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name NIA

2. ID #

3. Report covering period from _____ thru _____

4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
b.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
c.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
d.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A]				